Functioning of rural healthcare centres

*166. PROF. ALKA BALRAM KSHATRIYA:
SHRIMATI SHOBHANA BHARTIA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that the country's rural healthcare infrastructure is lagging and functioning only on paper;

(b) if so, the details thereof;

(c) whether Supreme Court has expressed concern over the functioning of rural healthcare centres; and

(d) if so, the details thereof and the steps Government proposes to take to improve the condition of rural healthcare centres in the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) No, Sir.

(b) Does not arise.

(c) No, Sir. No observation has come to the notice of the Government over the functioning of Rural Healthcare System in any order of the Hon'ble Supreme Court. There was, however, coverage in the Newspaper regarding remarks of learned judges.

(d) The endeavour of the Government through National Rural Health Mission (NRHM) is to provide accessible, affordable and quality health care to the rural population, especially to the vulnerable section wherein upgradation/strengthening/establishment of new Sub-centres, Primary Health Centres and Community Health Centres is an ongoing process depending upon the need on the basis of population, caseload and distance. The need is projected by the State/UT Governments in their annual Programme Implementation Plan (PIP) that are approved by National Programme Coordination Committee (NPCC) under National Rural Health Mission (NRHM), infrastructure strengthening being the major thrust area under NRHM. A summary of what NRHM has added given in the Statement.

Statement

What has NRHM added

1.	Rogi Kalyan Samitis	547 DHs, 4038 CHCs, 662 other than CHC Hospitals, 16735 PHCs have their own Rogi Kalyan Samitis with united funds for improving quality of health services
2.	ASHAs/Link Workers	6.25 lakhs ASHAs/Link Workers selected, 5.40 lakh trained and 2.43 lakh with Drug kits in their respective villages.
3.	Village Health & Sanitation Committees	2.98 lakh villages (nearly 50%) have their own Village Health & Sanitation Committees. 2.10 lakh have also received the Rs. 10,000/- untied grant for local action.
4.	Village Health & Nutrition Days	30.48 lakh in 2006-07, 44.76 lakh in 2007-08 and 13.53 lakh so far in 2008-09. Village Health & Nutrition Days organized at ICDS centre to reach basic health services.

5.	24 x 7 Health Facilities in Rural Areas	A total of 11,135 APHCs, PHCs, CHCs and other Sub District facilities are functional 24 x 7.
6.	Addition of Human Resources	2231 Specialists, 10,489 MBBS Doctors, 17979 Staff Nurses, 32,321 ANMs, 7590 Para Medics added under NRHM
7.	Programme Management units	398 District Programme Managers, 434 District Accounts Managers,, 433 District Data Managers, 523 DPMUs, 34 SPMUs, 1261 Block Managers, 1413 Accountants, 2550 Block PMUs added under NRHM.
8.	Janani Suraksha Yojana Beneficiaries	Over 1 crore women covered under JSY so far,
9.	Mobile Medical Units	212 MMUs functional so far.
10.	AYUSH	4853 health facilities have co-located AYUSH services. 3933 AYUSH Doctors and 831 AYUSH paramedics added to the system.

CAG report on railways

*167. DR. T. SUBBARAMI REDDY:
SHRIMATI SUPRIYA SULE :

Will the Minister of RAILWAYS be pleased to state:

(a) whether CAG has rapped the Railways for irregularities, poor planning and deficiencies in stores and contract management and pointed out a loss of Rs 801 crore during nine months, as Railway Board had fixed haulage rates recoverable for container traffic on Container Corporation of India Limited (CONCOR) at less than the base rates;

(b) if so, whether the report also contradicts his statement that his Ministry is showing profit, as actually it is running in losses; and

(c) if so, what are the other main points mentioned in the audit report and what are the steps being taken to implement the suggestions made by the CAG?

THE MINISTER OF RAILWAYS (SHRI LALU PRASAD): (a) to (c) The Report of CAG for the year ending March 2007 has mentioned *inter-alia* certain deficiencies in stores and contract management and fixing of haulage charges for containers. The Report was laid on the Table of the House on 24th October, 2008. The other main points contained in the Audit Report relate to financial management, earnings, works and assets management. The observations of the audit are examined in detail as per laid down procedure and time frame and Action Taken Note where required are submitted to Public Accounts Committee duly vetted by the CAG's office through Ministry of Finance. The Report does not contradict that Indian Railways have been generating surplus during this period. The basis on which the losses have been worked out in case of container traffic by Audit is actually not applicable for this traffic. The principle of rating for haulage charges for container is different than the principle of rating of freight charges for railway wagons where alone the base rate concept is relevant. In case of containers, haulage charges are levied separately for loaded and empty wagons and are based on fully distributed costs with a margin of profit over the cost of operation thus arrived at. Indian Railways do not incur losses on container movement.